



1 of 2 Issue Classification 	Application/Control No. 10/508,822	Applicant(s)/Patent under Reexamination THOMPSON ET AL.
	Examiner Bernard Dentz	Art Unit 1625

ISSUE CLASSIFICATION												
ORIGINAL					INTERNATIONAL CLASSIFICATION							
CLASS		SUBCLASS			CLAIMED					NON-CLAIMED		
514		469			A	61	K	31	/343			/
CROSS REFERENCES					C	07	D	307	/81			/
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)											
514	300	301	302	303				/			/	
514	367	375	394	415				/			/	
514	443							/			/	
546	113	114	115	116				/			/	
546	118							/			/	
(Assistant Examiner) (Date) <i>[Signature]</i> 9/10/07 (Legal Instruments Examiner) (Date)					<i>B Dentz</i> Bernard Dentz 9-10-2007 (Priamry Examiner) (Date)					Total Claims Allowed: 26 O.G. Print Claim(s) 1 O.G. Print Fig. -----		

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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2	32		62		92		122		152
3	33		63		93		123		153
4	34		64		94		124		154
5	35		65		95		125		155
6	36		66		96		126		156
7	37		67		97		127		157
8	38		68		98		128		158
9	39	26	69		99		129		159
10	40		70		100		130		160
11	41		71		101		131		161
12	42		72		102		132		162
13	43		73		103		133		163
14	44		74		104		134		164
15	45		75		105		135		165
16	46		76		106		136		166
17	47		77		107		137		167
18	48		78		108		138		168
19	49		79		109		139		169
20	50		80		110		140		170
21	51		81		111		141		171
22	52		82		112		142		172
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25	55		85		115		145		175
26	56		86		116		146		176
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28	58		88		118		148		178
29	59		89		119		149		179
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2 of 2

ISSUE CLASSIFICATION											
ORIGINAL					INTERNATIONAL CLASSIFICATION						
CLASS		SUBCLASS			CLAIMED				NON-CLAIMED		
514		469						/			/
CROSS REFERENCES								/			/
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							/			/
548	152	178	179	180				/			/
548	217	309.7	504					/			/
549	49	58	467					/			/
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								/			/
(Assistant Examiner) (Date) (Legal Instruments Examiner) (Date)					(Primary Examiner) (Date)		Total Claims Allowed:				
							O.G. Print Claim(s)		O.G. Print Fig.		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
Final	Original		Final	Original	Final	Original		Final	Original	Final	Original		Final	Original	Final	Original		Final	Original
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	215			245		275			305		335			365		395			
	216			246		276			306		336			366		396			
	217			247		277			307		337			367		397			
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	219			249		279			309		339			369		399			
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	222			252		282			312		342			372		402			
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	226			256		286			316		346			376		406			
	227			257		287			317		347			377		407			
	228			258		288			318		348			378		408			
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	231			261		291			321		351			381		411			
	232			262		292			322		352			382		422			
	233			263		293			323		353			383		413			
	234			264		294			324		354			384		414			
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	237			267		297			327		357			387		417			
	238			268		298			328		358			388		418			
	239			269		299			329		359			389		419			
	240			270		300			330		360			390					